A DELICATION SEE DETERMINATION DECOM								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR								10679509					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						nn 2):		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			23		RA		ATE	FEE		RATE	FEE		
FOR			NUMBER F	LED	NUMBER EXTRA		BAS	IC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			23 minu	ıs 20=	• 3		×	XS 9=		OR	X\$18=	54.00	
IND	EPENDENT CL	AIMS	3 min	us 3 =			×	43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							T(TOTAL		OR	TOTAL	BAU.	
2280 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	MALL (ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	- 2	33	= / \	X	\$ 9=		OR	XS18=		
	Independent	. 2	Minus	*** (3	- U	,	43=		OR	X86=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=		
							<u> </u>	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								HI. FEE			ADDIT. 1 CC		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	,	(\$ 9=		OR	X\$18=		
MEN	Inder Indent	•	Minus	***		= ,] ;	(43=		OF	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┝	145=		OR			
							L	TOTAL		OF	TOTAL		
(Column 1) (Column 2) (Column 3)							•	OIT FEE	L	7∼.	ADDIT. FEE	· L	
MENT C	`	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	MR 2) HEST IBER OUSLY FOR	PRESENT EXTRA	$] \sqcap$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	''		2] [;	(\$ 9=		OF	X\$18=		
MENE	Independent		Minus	8 4-6		=		X43=		OF	X86=		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

+290=

OR ADDIT FEE

OB

1145=

^{*} If the entry in column 1 is less than the entry in column 2, write () in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 120.

*** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3 color (3).

*** The "Highest Number Previously Paid For" (Total or Independent is the highest number (number less light paid when in column 1).